

APPLICATION DATA SHEET**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Title:: Repellent
Attorney Docket Number:: AH/Le A 36 544

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Norbert
Middle Name::
Family Name:: Mencke
City of Residence:: Leverkusen
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Grundermühle 2
City of mailing address:: Leverkusen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 51381

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Dorothee
Middle Name::
Family Name:: Stanneck
City of Residence:: Solingen
State or Province of Residence::
Country of Residence:: Germany

Street of mailing address:: Sonnenstr. 20
City of mailing address:: Solingen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 42655

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Andreas
Middle Name::
Family Name:: Turberg
City of Residence:: Haan
State or Province of Residence::
Country of Residence:: Germany
Street of mailing Address: Sinterstr. 86
City of mailing Address:: Haan
State or Province of mailing address::
Country of Mailing address:: Germany
Postal or Zip Code of mailing address:: 42781

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Hans
Middle Name::
Family Name:: Dautel
City of Residence:: Berlin
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Haderslebener Str. 9
City of mailing address:: Berlin
State or Province of mailing address::

Country of Mailing address:: Germany
Postal or Zip Code of mailing address:: 12163

Correspondence Information

Correspondence Customer Number:: 35969

Representative Information

Representative Customer Number:: 35969

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/000017	01/05/04

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Germany	103 01 906.5	01/17/03	Yes

Assignee Information

Assignee name: Bayer HealthCare AG
Street of mailing address:
City of mailing address:: Leverkusen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 51368